



gp2636 41

(Substitute) PTO/SB/21 (02-04)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/848,827	
	Filing Date	May 4, 2001	
	First Named Inventor	Eric Eckstein	
	Art Unit	2636	
	Examiner Name	Daniel Previl	
Total Number of Pages in This Submission	25	Attorney Docket Number	C1241/2018 Technology Center 2600

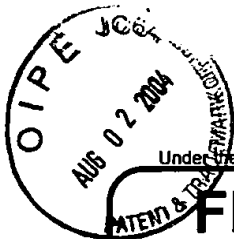
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Statement Under 37 CFR 3.73(b) -Return Receipt Postcard
<b>Remarks</b>  Please charge Attorney Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.; Customer No. 03000
Signature	<i>Scott M. Slomowitz</i>
Date	July 29, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Scott M. Slomowitz		
Signature	<i>Scott M. Slomowitz</i>	Date	July 29, 2004

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	09/848,827
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 4, 2001
		First Named Inventor	Eric Eckstein
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Daniel Previl
		Art Unit	2636
		Attorney Docket No.	C1241/20184

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-0075 Deposit Account Name: Caesar, Rivise et al.		<b>Large Entity</b> <b>Small Entity</b>																													
The Director is authorized to: (check all that apply)																															
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																															
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																															
<b>1. BASIC FILING FEE</b>																															
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																															
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**or number previously paid, if greater. For Reissues, see above																															
		<b>Other fee (specify)</b>																													
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		SUBTOTAL (3) (\$ 420.00)																													

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Scott M. Skomowitz	Registration No. (Attorney/Agent)	39,032
Signature	<i>Scott M. Skomowitz</i>	Telephone	215-567-2010
		Date	July 29, 2004

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